MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8	1					
9		1				
10						
11						
12		1				
13		1				
14		1				
15						
16		1				
17						
18						
19						
20						
21						
22						
23						
24		1				
25		1				
26		2				
27		2				
28		2				
29		3				
30		3				
31		3				
32		3				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		3				
40		3				
41	1					
42	1					
43	1					
44	1					
45		1				
46	1					
47		1				
48						
49		3				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51			1				
52			3				
53			3				
54							
55							
56							
57							
58							
59							
60							
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90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	8						
TOTAL DEP.	66						
TOTAL CLAIMS	74						